



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 6949

|   |  |   |                        |                                  |
|---|--|---|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/519,383   | FILING OR 371(c)<br>DATE<br>12/27/2004<br>RULE   | CLASS<br>378  | GROUP ART UNIT<br>2882 | ATTORNEY DOCKET NO.<br>MFR 126NP |
| <b>APPLICANTS</b><br>Elisabeth Katz, Simmersfeld, GERMANY;  |  |   |                        |                                  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/DE03/02224 07/03/2003                 |  |   |                        |                                  |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 10230990.6 07/10/2002                                     |  |   |                        |                                  |
| <b>** SMALL ENTITY **</b>   |  |   |                        |                                  |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no                      | 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>GERMANY   | SHEETS DRAWING<br>8    | TOTAL CLAIMS<br>26               |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____                                    |  |   |                        | INDEPENDENT CLAIMS<br>1          |
| <b>ADDRESS</b><br>23995   |  |   |                        |                                  |
| <b>TITLE</b><br>X-ray fluorescence analysis using a waveguide connected to the source and to the detector |  |   |                        |                                  |
| FILING FEE RECEIVED<br>600  | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                  |